



COMPLIANCE WITH STATEMENT OF BENEFITS UTILITY DISTRIBUTABLE PROPERTY

State Form 52448 (R3 / 11-15)

Prescribed by the Department of Local Government Finance

PRIVACY NOTICE

Any information concerning the cost of the property and specific salaries paid to individual employees by the property owner is confidential per IC 6-1.1-12.1-5.1.

FORM CF - 1 / UD

INSTRUCTIONS:

1. Property owners whose Statement of Benefits was approved must file this form with the local Designating Body to show the extent to which there has been compliance with the Statement of Benefits. (IC 6-1.1-12.1-5.6)
2. This form must be filed with the Form UD-ERA between January 1 and May 15 of each year, unless a filing extension under IC 6-1.1-3.7 has been granted. A person who obtains a filing extension must file between January 1 and the extended due date of each year.
3. With the approval of the designating body, compliance information for multiple projects may be consolidated on one (1) compliance form (CF-1/UD).

SECTION 1 TAXPAYER INFORMATION			
Name of taxpayer		Name of contact person	
Address of taxpayer (number and street, city, state and ZIP code)		E-mail address of contact person	
County	Telephone number ()	Fax number ()	

SECTION 2 LOCATION AND DESCRIPTION OF PROPERTY			
Name of designating body			Resolution number
Location of property		County	DLGF taxing district number
Description and purpose or use of new manufacturing equipment and/or new research and development equipment and/or new logistical distribution equipment and/or new information technology equipment to be acquired. (Use additional sheets if necessary.)			
Estimated start date (month, day, year)	Actual start date (month, day, year)	Estimated completion date (month, day, year)	Actual completion date (month, day, year)

SECTION 3 EMPLOYEES AND SALARIES		
	As estimated on SB-1/UD	Actual
Current number of employees		
Salaries		
Number of employees retained		
Salaries		
Number of additional employees		
Salaries		

SECTION 4 COST AND VALUES								
	MANUFACTURING EQUIPMENT		R & D EQUIPMENT		LOGIST DIST EQUIPMENT		IT EQUIPMENT	
	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE
AS ESTIMATED ON SB-1/UD								
Values before project								
Plus: Values of proposed project								
Less: Values of any property being replaced								
Net values upon completion of project								
ACTUAL								
Values before project								
Plus: Values of proposed project								
Less: Values of any property being replaced								
Net values upon completion of project								

NOTE: The **COST** of the property is confidential pursuant to IC 6-1.1-12.1-5.6(c).

SECTION 5 WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER		
	As estimated on SB-1/UD	Actual
Amount of solid waste converted		
Amount of hazardous waste converted		
Other benefits:		

SECTION 6 TAXPAYER CERTIFICATION		
I hereby certify that the representations in this statement are true.		
Signature of authorized representative	Title	Date signed (month, day, year)
E-mail address	Telephone number ()	Fax number ()

